All three levels of programs are described in this appendix with the program contact information (if available). Tables C.1 - C.4 summarizes the target audience, the type of program, and whether the resource contains policy protocol or guidelines. A program is categorized as "prevention" if the program includes universal, selective, or indicated primary prevention efforts (such as educational programs targeted at broad or selective audiences). "Early intervention/screening tools" include programs that help educate gatekeepers or other individuals on how to identify suicide risk, and also include strategies to link people who are at immediate risk into crisis services. An early intervention program that includes a specific screening or assessment tool is denoted with an asterisk (*). "Treatment" programs are those that provide evidence-based treatment or best practices to reduce suicide risk, or to address an underlying mental health or substance abuse disorder that increases suicide risk. Treatment programs may also include recovery supports. "Postvention" strategies include programs targeted at the friends, families, and colleagues of the people who died by suicide. Programs or interventions can be categorized under more than one category (for example, a comprehensive suicide intervention can include components for prevention, early intervention, treatment, and recovery supports).

Level I: NREPP Evidence-Based Programs[2]

Adolescent Coping With Depression (NREPP review July 2007). This is an evidence-based cognitive behavioral health group intervention course targeted at depressed adolescents age 13-17. It has been shown to help reduce symptoms of depression and improve psychosocial level of functioning. The treatment has been tested with adolescents in diverse settings, including urban and rural, schools, juvenile detention, and state correctional facilities. Individuals in this program showed greater improvement on the Hamilton Depression Rating Scale immediately following treatment (Hamilton Depression Rating Scale is a 17-item scale in which a clinical interviewer provides ratings on overall depression, guilt, suicide, insomnia, problems related to work, psychomotor retardation, agitation, anxiety, gastrointestinal and other physical symptoms, hypochondriasis, and weight loss.) In review of the evidence, it received high ratings for outcomes (<3.5/4.0), but lower ratings for dissemination readiness because of a lack of training and support resources. There is no cost to implement this program.
For more information contact: Paul Rohde, PhD, paulr@ori.org, 541.484.2123, http://www.kpchr.org/research/public/acwd/acwd.html.

American Indian Life Skills Development/Zuni Life Skills Development (NREPP review June 2007). This is an evidence-based mental health suicide prevention curriculum targeted at American Indian adolescents ages 14-19. The Zuni Life Skills Development curriculum was first implemented with high school students in the Zuni Pueblo, an American Indian reservation with about 9,000 tribal members located about 150 miles west of Albuquerque, New Mexico. The American Indian Life Skills Development curriculum, an adaptation of the Zuni version, has been implemented with a number of other tribes. Students receiving the Zuni Life Skills Development curriculum had less feelings of hopelessness, and demonstrated a higher level of suicide intervention skills compared to students without an intervention. In the review of evidence, the program received low ratings for outcomes (<2.8/4.0) due to nonrandomized sampling, but received high ratings for dissemination readiness (3.6/4.0) because it is developmentally appropriate, culturally sensitive, and engaging for an adolescent audience. The program costs $30 for each American Indian Life Skills Development Manual,